

SEATTLE POLICE DEPARTMENT
COMMUNITY POLICE ACADEMY APPLICATION

Applicant's Name:

Last

First

MI

Address:

City

State

Zip

Neighborhood:

E-mail Address:

Phone:

Home

Work

Date of Birth:

Month

Day

Year

Sex:

Drivers License #:

Emergency Contact:

Name

Phone #

How did you hear about our Community Police Academy?

PERMISSION TO CONDUCT A RECORDS CHECK

As an applicant for the Seattle Police Department Community Police Academy, I hereby authorize the Seattle Police Department to conduct a criminal history records check, including convictions, pending charges and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Community Police Academy.

I understand that all available criminal records will be checked and that the information will be used in determining eligibility of applicants for the Community Police Academy. All information is to remain confidential as required by Washington and federal statutes.

Signature of Applicant

Date

(OVER)

Please state below why you are interested in attending the Seattle Police Department Community Police Academy: (Use additional paper if necessary)

Please check which of the following you have participated in:

_____ Blockwatch

_____ Community Crime Prevention Councils

_____ Precinct Advisory Councils

_____ Other (please specify)

OPTIONAL INFORMATION

In our effort to better serve and represent the community the Community Police Academy is interested in knowing as much as possible about our applicant pool. We would appreciate you providing the following information for purposes of our evaluation of our outreach efforts. This portion is optional.

AGE:

18-30 _____

31-45 _____

46-59 _____

60-up _____

RACE/ETHNICITY: _____

GENDER: _____

Return completed application to:

Cathy Wenderoth
Community Services and Support Bureau
Seattle Police Department
610 5th Avenue
Seattle, WA 98104
206-733-9338